

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 31

SUMMARY PAGE

1. NAME OF COMMITTEE				
Connecticut Citizen Action Group State PAC				
2. TREASURER NAME				
Title	First Steven	MI E.	Last Derby	Suffix
3. TREASURER ADDRESS				
Street Address 54 WHITE AVE		City WETS HARTFORD	State CT	Zip Code 06119
4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)			6. DISTRICT CODE (if applicable)
7. CANDIDATE NAME				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT				
October 10 Filing - Original				
9. PERIOD COVERED				
Beginning Date Ending Date				
07/30/2008 thru 09/30/2008				
10. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing SIGNATURE	JUDITH MASLEN PRINT NAME OF THE SIGNER		10/09/2008 DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Connecticut Citizen Action Group State PAC	Original 10/10/2008	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$353.04
12. Balance on hand at the beginning of Reporting Period	\$794.39	
13. Contributions received from Individuals (Section A and B)	\$470.00	\$1,937.50
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$540.00
15. Other Monetary Receipts (Section D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$470.00	\$2,477.50
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$1,264.39	\$2,830.54
19. Expenses Paid by Committee (Section P)	\$208.75	\$1,774.90
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$1,055.64	\$1,055.64
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$4,500.00	\$4,500.00
25a. + Loans Received (Section D)	\$0.00	\$5,050.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$0.00	\$550.00
25d. Total Outstanding Loan Amount	\$4,500.00	\$4,500.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE							FILING DUE DATE	
Connecticut Citizen Action Group State PAC							Original 10/10/2008	
A. Total Contributions from Small Contributors-Received this Period ONLY								
(See instructions for definition of Small Contributor)							Subtotal Section	
							\$0.00	
B. Itemized Contributions from Individuals								
Last Name Harmon		First Name John		MI	Name of Employer CCSU			Amount of Contribution
Residential Street Address 16 White Ave		City WEST HARTFORD		State CT	Zip Code 06119	Principal Occupation Professor		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/22/2008		Aggregate Contribution \$240.00	
								\$50.00
Last Name Ashton		First Name Paul		MI	Name of Employer State of CT			Amount of Contribution
Residential Street Address 170 North St		City WILLIMANTIC		State CT	Zip Code 06226	Principal Occupation Case Mgr		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/22/2008		Aggregate Contribution \$150.00	
								\$25.00
Last Name Abelow		First Name Geraldine		MI	Name of Employer none			Amount of Contribution
Residential Street Address 291 Compo Rd. S		City WESTPORT		State CT	Zip Code 06880	Principal Occupation retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/22/2008		Aggregate Contribution \$120.00	
								\$20.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

B. Itemized Contributions from Individuals

Last Name Livingston		First Name Daniel		MI E	Name of Employer Livingston, Adler, Pulda et al			Amount of Contribution
Residential Street Address 191 Warrenton Ave		City WEST HARTFORD		State CT	Zip Code 06119	Principal Occupation Attorney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/22/2008	Aggregate Contribution \$160.00	\$55.00	
Last Name Simoes		First Name Leslie		MI M	Name of Employer			Amount of Contribution
Residential Street Address 217 Raymond Rd		City WEST HARTFORD		State CT	Zip Code 06107	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/22/2008	Aggregate Contribution \$75.00	\$25.00	
Last Name Traugh		First Name Kathi		MI J	Name of Employer Yale Univ			Amount of Contribution
Residential Street Address 401 Boston Post Rd		City MADISON		State CT	Zip Code 06443	Principal Occupation Mgr		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/22/2008	Aggregate Contribution \$150.00	\$50.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

B. Itemized Contributions from Individuals

Last Name Ashton	First Name Paul	MI	Name of Employer State of CT			Amount of Contribution
Residential Street Address 170 North St	City WILLIMANTIC	State CT	Zip Code 06226	Principal Occupation Case Mgr		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/24/2008	Aggregate Contribution \$175.00	\$25.00	
Total of Section B						\$470.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)						\$470.00

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Connecticut Citizen Action Group State PAC					Original 10/10/2008
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section L1? <div> Yes If yes, list Event # No </div>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008
C2. Reimbursements. Payments. or Surplus Distributions from other Committees	

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 10/10/2008	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)					
Name					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Total of Section E					

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 10/10/2008
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)		
Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #	Date of Receipt	Amount
Total of Section F		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 10/10/2008
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)		
Date of Receipt	Amount	
Total of Section G		

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 10/10/2008
H. Personal Funds of the Candidate Received this Period (<i>Candidate Committees ONLY</i>)		
Date Received	Amount	Method of Payment Cash Personal Check Credit/Debit Card
Total of Section H		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					FILING DUE DATE
Connecticut Citizen Action Group State PAC					Original 10/10/2008
I. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section I					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received			Amount Received
Street Address	City	State	Zip Code	
Total of Section J				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 10/10/2008	
L1. Fundraiser Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
<i>Subpart 1: (All Committees)</i>					
Was this fundraising event hosted at a personal residence?			Yes	No	<i>If yes, go to Section L4</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	<i>If yes, go to Section L4</i>
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	<i>If yes, go to Section L2</i>
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>					
Were there purchases of advertising space in a program book associated with this is fundraiser?			Yes	No	<i>If yes, go to Section L3</i>
<i>Subpart 3: (Town Committees ONLY)</i>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			Yes	No	<i>If yes, enter Total Receipts from small purchases</i>
Total of Section L1					

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE								FILING DUE DATE	
Connecticut Citizen Action Group State PAC								Original 10/10/2008	
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items									
Name of the Purchaser <i>(Individuals ONLY)</i> Last Name		First Name		MI	Method of payment: Cash Personal Check Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code	Date Received	Event #		
Items Purchased									
Total of Section L2									

II. FUNDRAISING EVENT ACTIVITY							
NAME OF COMMITTEE						FILING DUE DATE	
Connecticut Citizen Action Group State PAC						Original 10/10/2008	
L3. Purchases of Advertising in a Program Book (<i>Municipal Candidate and Town Committees ONLY</i>)							
Name of Purchaser for All Events			Business Entity <div style="display: flex; justify-content: space-around;">YesNo</div>		Event #	Date Received	Amount of Purchase
Street Address		City		State	Zip Code	Aggregate Purchases for All Events	
Total of Section L3							

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation given by:	Fair Market Value of Donation
				Individual Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of Donation		Date Received		Event #	

Total of Section L4	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE

FILING DUE DATE

Connecticut Citizen Action Group State PAC

Original 10/10/2008

M. In-Kind Contributions

Name			Type of Contributor: Individual Committee Other	Fair Market Value of this Contribution
Street Address		City		
State	Zip Code	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more Yes No		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Is contributor a principal of state contractor or prospective state contractor? Yes No	Date Received	
Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event#		Description of In-Kind Contribution	Aggregate contributions	
Total of Section M				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/10/2008	
N. Refundable Deposit to Telephone Company						
Last Name (Individuals Only)	First Name			MI	Date Received	Amount of Deposit
Residential Street Address	City	State	Zip Code			
Name of Telephone company						
Street Address	City	State	Zip Code			
Total of Section N						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 10/10/2008	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section O					

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Connecticut Citizen Action Group State PAC							Original 10/10/2008	
P. Expenses Paid By Committee								
Name of Payee				Date of Payment		Method of Payment		Amount
Global Payments				08/04/2008		<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure (bv code)	<input checked="" type="checkbox"/> Debit Card	
10705 Red Run Blvd		OWINGS MILLS		MD	21117	BNK		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$43.70
Name of Payee				Date of Payment		Method of Payment		Amount
Webster Bank				08/15/2008		<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure (bv code)	<input checked="" type="checkbox"/> Debit Card	
1 Webster Plaza		WATERBURY		CT	06720	BNK		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$12.00
Name of Payee				Date of Payment		Method of Payment		Amount
Global Payments				09/02/2008		<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure (bv code)	<input checked="" type="checkbox"/> Debit Card	
10705 Red Run Blvd		OWINGS MILLS		MD	21117	BNK		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$46.05

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/10/2008

P. Expenses Paid By Committee

Name of Payee Webster Bank				Date of Payment 09/15/2008		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card		Amount \$12.00
Street Address 1 Webster Plaza		City WATERBURY		State CT	Zip Code 06720	Purpose of Expenditure (bv code) BNK		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee Bryan Sabin				Date of Payment 09/25/2008		Method of Payment <input checked="" type="checkbox"/> Check # 1235 <input type="checkbox"/> Debit Card		Amount
Street Address 183 Broad St		City NEW BRITAIN		State CT	Zip Code 06053	Purpose of Expenditure (bv code) FOOD		
Description food for PAC meeting							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
								\$95.00

Total of Section P

\$208.75

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/10/2008	
Q. Campaign Expenses Paid By Candidate						
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment	Purpose of Expenditure (by code)	Is Reimbursement Claimed? Yes No	Amount
Street Address	City		State	Zip Code	Event #	
Description						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/10/2008	
R. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other			
Name of Vendor			Purpose of Expenditure (by code)		Date of Transaction	Amount
Street Address	City		State	Zip Code	Event #	
Description						
Total of Section R						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/10/2008	
S. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Event #	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City		State	Zip Code	Purpose of Expenditure (by code)	
Description						
Type of Expenditure (if applicable)		Candidate(s) Name (if applicable)		Office Sought	Supported Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E						
Total of Section S						

IV. EXPENDITURES

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Connecticut Citizen Action Group State PAC					Original 10/10/2008
T. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	
Secondary Payee			Purpose of Expenditure	Check #	
Street Address			City	State	Zip Code
Description					
Type of Expenditure <i>(if applicable)</i>		Other Candidate(s) Name		Office Sought	Supported
Coordinated with reimbursement sought					Opposed
Coordinated without reimbursement sought					
Independent					
Organization <i>(see Instructions)</i>					
A	B	C	D	E	
Total of Section T					